

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: David A. Edwards and Jeffrey S. Hrkach

Application No.: 09/383,054

Group: 1615

Filed: August 25, 1999

Examiner: Pulliam, A.

Confirmation No.: 6042

For: STABLE SPRAY-DRIED PROTEIN FORMULATIONS

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
on <u>5/14/03</u>	<u>Rachel Cohen</u>
Date	Signature
RACHEL COHEN	
Typed or printed name of person signing certificate	

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MAY 22 2003

TECH CENTER 1600/2900

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection for filing in the above-identified application.

[] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

[] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)	(COL. 4)	(COL. 5)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	40	MINUS	* 78	0
INDEP	7	MINUS	** 7	0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

* not fewer than 20

** not fewer than 3

SMALL ENTITY	
RATE	ADDIT. FEE
X \$9	\$
X \$42	\$
+ \$140	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$18	\$
X \$84	\$
+ \$280	\$

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

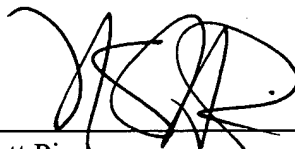
A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for 3 months Extension of Time	\$	<u>930</u>
<input type="checkbox"/>	Amendment Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Notice of Appeal	\$	<u>320</u>
	_____	\$	_____
	TOTAL:	\$	<u>1250</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By  _____
N. Scott Pierce
Registration No.: 34,900
Telephone (978) 341-0036
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: 5/14/03

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

Applicants: David A. Edwards and Jeffrey S. Hrkach
Serial No.: 09/383,054 Group Art Unit: 1615
Filed: August 25, 1999 Examiner: Pulliam, A.
Confirmation No.: 6042
For: STABLE SPRAY-DRIED PROTEIN FORMULATIONS

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on <u>5/14/03</u> Date	<u>Rachel Cohen</u> Signature
RACHEL COHEN Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated November 14, 2002 of the Primary Examiner finally rejecting claims 50-69, 91-108 and 128-131. The items checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated November 14, 2002 for 3 months from February 14, 2003 to May 14, 2003.
2. ☐ A ☐ month extension of time to respond to the Office Action Made Final dated ☐ was filed on ☐ with payment of a \$☐ fee.
☐ Applicant hereby petitions for an additional ☐ month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

Bel
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4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for 3 months		\$ 930
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	([] mo.)	\$ _____
	Less fee paid	([] mo.)	- \$ _____
	Balance of fee due		\$ 0
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 320
<input type="checkbox"/>	Other	_____	\$ _____
		TOTAL	\$ 1250

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$1250 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By 

N. Scott Pierce

Registration No.: 34,900

Telephone: (978) 341-0036

Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date: 5/14/03